

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

RICHARD BOHANNON  
374-617  
CHILLICOTHE CORR. INST.  
PO BOX 5500  
CHILLICOTHE, OH 45601

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Brian K. Price  Agent  
 Addressee

## B. Received by (Printed Name)

Brian K. Price

## C. Date of Delivery

10/4/06

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

(Transfer from service label)

7002 0860 0006 5229 7279

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835